Exhibit 6

Report of

Dr. Charla Fischer, M.D.

Charla Fischer, MD
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December 22, 2023

[redacted]

RE: [redacted]
File #: [redacted]
D/A: 7/1/19

Dear Mr. [redacted]

The following is an independent orthopedic examination report on the above-named claimant. The claimant is a 49 year old male who was examined in my New York, New York office on April 11, 2023. Prior to the examination, he presented a valid photographic ID to confirm his identity. He was accompanied by Ariel Frias, his legal representative. Spanish translation was provided by Marcial Araujo from Legal World.

HISTORY:

Mr. [redacted] claimant, fell off at a height of approximately seven feet while standing on a ten-foot ladder on July 1, 2019. When the paramedics arrived, he was found sitting at the job site. He complained of right knee pain. FDNY transported him to NYU Langone Hospital ER where he complained of right knee pain. He filed a Workers' Compensation First Report of Injury Report Type on July 1, 2019, citing injury to the knee. He then filed an Employee's Claim on October 3, 2019, citing injuries to the right knee, right foot, right big toe, and lower back.

On October 7, 2019, Mr. [redacted] was examined by Aleksey Lazarev, M.D. for an Initial Evaluation of the injuries sustained on July 1, 2019. He complained of low back pain. Dr. Lazarev recommended an MRI of the lumbar spine. He again filed a Workers'

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Compensation First Report of Injury Report Type on October 22, 2019, citing injuries to "multiple body parts." On December 9, 2019, he had a Workers' Compensation Initial Chiro Exam at Century Central Chiro, P.L.L.C. He received chiropractic therapy from this facility for his thoracic spine and lumbar spine until May 5, 2020.

On December 31, 2019, Mr. [redacted] was examined by Michael Jurkowich, M.D. for a PMR/Pain Management Initial Evaluation. He complained of lower back pain radiating to the bilateral lower extremities associated with numbness and tingling. Dr. Jurkowich recommended bilateral lower extremity EMG/NCV and lumbar epidural steroid injection. On January 9, 2020, he was examined by Maxim Tyorkin, M.D. for an Orthopedic Consultation. He complained of low back pain. On January 14, 2020, Jeffrey Kaplan, M.D. examined the claimant and issued a Doctor's Initial Report. He complained of lumbar spine pain and stiffness. Dr. Kaplan recommended continuation of conservative care and physical therapy.

On January 14, 2020, Dr. Jurkowich performed lumbar epidural steroid injection. Mr. [redacted] followed up with Dr. Jurkowich on January 29, 2020. He reported 80% relief from the LESI. However, the pain was returning. Dr. Jurkowich recommended repeat injection. Mr. [redacted] followed up with Dr. Tyorkin on February 06, 2020. He stated that he was participating in physical therapy with improvement but continued to have "some" pain. On February 11, 2020, Matthew Grim, M.D. examined him and issued a Doctor's Initial Report. He complained of lumbar spine pain radiating to the lower extremities with numbness. Dr. Grimm provided Toradol 60 mg IM and recommended LESI with fluoroscopic guidance. Mr. [redacted] followed up with Dr. Kaplan on February 25, 2020 and was started on Ibuprofen.

On March 9, 2020, Dr. Grimm performed lumbar interlaminar steroid injection at L3-L4 and L4-L5. On May 19, 2020, Mr. [redacted] had a Telemedicine Encounter with Dr. Grimm. He reported that for three to four weeks, he achieved 50 to 60% relief of his symptoms. His symptoms had since started to return. He wished to proceed with one additional injection. On June 26, 2020, Dr. Grimm performed another lumbar interlaminar steroid injection at L3-L4 and L4-L5. On July 8, 2020, Mr. [redacted] had a Telemedicine Encounter with Dr. Kaplan. He was scheduled to have another injection with Dr. Grimm in a week. He followed up with Dr. Grimm on July 21, 2021 and reported that the injection provided 50 to 60% relief for three to four weeks. Dr. Grimm provided lumbar trigger point injections.

On August 10, 2020, Mr. [redacted] was examined by Howard Kiernan, M.D. He complained of lower back pain. Dr. Kiernan recommended physical therapy. He was also examined by Andrew Merola, M.D. on August 10, 2020 for an Initial Evaluation. Dr.

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Merola recommended decompressive lumbar laminectomy and spinal arthrodesis of the L3, L4, and L5 vertebral segments. Dr. Grimm again provided lumbar trigger point injections on September 2, 2020 and October 14, 2020. He had a Telemedicine Encounter with Dr. Kaplan on October 5, 2020 and complained of back pain. This was also his last encounter with Dr. Kaplan.

On December 16, 2020, Dr. Merola performed a posterior spinal instrumentation decompression and fusion L3-L5. He had a postoperative Visit with Dr. Merola on January 4, 2021. He was neurologically stable post-operatively.

On January 13, 2021, Mr. [redacted] followed up with Dr. Grimm and reported that the surgery helped with the radiating pain complaints, but his legs felt weak post-surgically. He had to ambulate with a walker. His wife was assisting him with ADLs including dressing, washing, and cleaning. He could not bend to put on his pants, socks, or shoes. He followed up with Dr. Merola on January 18, 2021 and stated that the surgical intervention had been helpful in terms of preventing further significant and severe shooting pain down the legs, but he had axial symptoms in his neck and back.

On January 25, 2021, Mr. [redacted] was examined by Stella Mansukhani, M.D. for an Initial Evaluation. He complained of low back pain with numbness and tingling in both feet. Dr. Mansukhani recommended physical therapy. He had a Physical Therapy Initial Evaluation at New York Heights Medical, P.C. on January 25, 2021. He received physical therapy from this facility for his lumbar spine until December 4, 2021.

On March 3, 2021, Mr. [redacted] followed up with Dr. Grimm and complained of radicular pain to his feet bilaterally. He also complained of muscular pain lateral to his “wounds” with spasms. Dr. Grimm provided lumbar trigger point injection. Mr. [redacted] followed up with Dr. Mansukhani on March 15, 2021 and reported low back pain radiating to the hips with numbness in both feet when walking for a long time. On April 21, 2021, he followed up with Dr. Grimm and reported that during physical therapy, he would experience cramping and pain in his lower back down to his posterior thighs. Dr. Grimm provided lumbar trigger point injection. On June 3, 2021, Dr. Grimm performed lumbar transforaminal epidural steroid injection.

On June 8, 2021, Mr. [redacted] followed up with Dr. Mansukhani and reported that after the LESI, he felt a throbbing pain to the back radiating to the bilateral legs. He reported feeling pressure in the lower back. He followed up with Dr. Grimm on June 21, 2021 and had reportedly developed sacroiliitis. He was examined by Sean Lager, M.D. on June 24, 2021 for an Independent Medical Examination. He complained of back pain. Dr. Lager recommended post-operative physical therapy. He last followed up with

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Dr. Grimm on September 20, 2021. At that time, he stated that his sacroiliac mediated pain was the most severe. Dr. Grimm provided lumbar trigger point injection.

Mr. [redacted] last followed up with Dr. Merola on October 25, 2021. He stated that the surgery was helpful, but he had been experiencing some proximal pain at the thoracolumbar junction which he indicated had been progressively getting worse despite utilizing a low back brace and modifying his activities. Dr. Merola recommended facet blocks.

On October 27, 2021, Mr. [redacted] was examined by Joseph Weinstein, D.O. He complained of low back pain. Bone stimulator was recommended. He last followed up with Dr. Mansukhani on November 30, 2021. At that time, he reported that his lower back pain had increased and was radiating to the bilateral lower extremities with numbness and tingling. The injection that he had provided temporary relief. He was advised to continue physical therapy. He followed up with Dr. Weinstein on August 17, 2022 and was recommended to have an MRI, CAT scan, and x-rays of the lumbar spine. He last followed up with Dr. Weinstein on September 7, 2022. At that time, he was recommended to have pain management follow-up and repeat EMG.

PRESENT HISTORY:
The claimant states that he currently has low back pain.

WORK HISTORY:
The claimant states that at the time of the accident he was employed in construction. He is not currently working.

PAST MEDICAL HISTORY:
Diabetes

PAST SURGICAL HISTORY:
L3-L5 laminectomy and fusion

MEDICATIONS:
Diclofenac
Gabapentin
Additional pain medications that he cannot remember.

ALLERGIES:
Possible Cortisone allergy

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SOCIAL HISTORY:
Denies tobacco, alcohol or drug use

PHYSICAL EXAMINATION:
Height 5' 8.5" and weight 205.1 lbs

The claimant ambulated without difficulty.

Inspection of the spine revealed an 8 cm midline lumbar incision, well healed.

On palpation of the spine, the claimant reported tenderness to palpation along the midline and bilateral paraspinal regions.

Range of motion measurements were tested using a goniometer. The average values were obtained from the AMA "Guides to the Evaluation of Permanent Impairment" (5th edition). Please note that the range of motion examination is a subjective test under the voluntary control of the individual being tested.

Cervical range of motion testing revealed forward flexion to 40 degrees (average 50 degrees), extension 35 degrees (average 60 degrees), lateral rotation 50 degrees right/left (average 80 degrees) and lateral bending 25 degrees right/ 30 left (average 45 degrees).

Lumbar spinal range of motion testing revealed flexion to 40 degrees (average 60 degrees) extension 5 degrees (average 25 degrees) and lateral bending was 20 degrees right/15 left (average 25 degrees).

The remainder of the examination was performed with the claimant seated on the examination table. The claimant was able to get up onto the examination table easily multiple times.

Motor examination revealed 5/5 intact motor testing of the bilateral upper and lower extremities, equal and symmetric, without focal deficits.

Upper and lower extremity sensory exam was intact, equal and symmetric.

Reflexes were 2+ equal and symmetric.

Long tract signs were absent.

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Hoffman test was negative.

Clonus was absent.

Seated root tension test was negative.

There was no evidence of any muscular atrophy in the upper or lower extremities. Bilateral calf circumference measured 40 cm.

REVIEW OF MEDICAL RECORDS:

The following medical records pertaining to this claimant were made available for my review:

- Verified Bill of Particulars dated 7/15/21
- Supplemental Bill of Particulars dates 10/19/21
- Second Supplemental Bill of Particulars dated 12/14/21
- Third Supplemental Bill of Particulars dated 7/22/22
- FDNY
  - Prehospital Care Summary – 07/01/2019
- NYU Langone Hospital
  - ED Provider Notes – 07/01/2019
  - X-ray Chest – 07/01/2019
  - X-ray Left Ribs – 07/01/2019
  - X-ray Pelvis – 07/01/2019
  - X-ray Right Knee – 07/01/2019
  - X-ray Right Tibia-Fibula – 07/01/2019
  - X-ray Right Foot – 07/01/2019
- State of New York – Workers' Compensation Board
  - First Report of Injury Report Type (MTC) 02-Change – 07/01/2019 – 10/22/2019
  - Employee's Claim – 10/03/2019
- Hudson Pro Orthopaedics & Sports Medicine
  - Aleksey Lazarev, M.D.
    - Initial Evaluation – 10/07/2019
- Lenox Hill Radiology
  - MRI Right Knee – 10/19/2019
  - MRI Right Ankle – 01/03/2020
  - MRI Right Foot – 01/03/2020
- Century Central Chiro, P.L.L.C.
  - Chiropractic Therapy

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        - Initial Evaluation – 12/09/2019
        - Daily Progress Notes – 12/09/2019 - 05/05/2020
- Bestcare PT and Chiro, P.L.L.C.
    - Physical Therapy (Right Knee, Ankle, and Foot)
        - Therapy Notes – 12/31/2019
- CityCare Chiropractic, P.C.
    - EMG/NCV Bilateral Lower Extremities – 01/17/2020
- Triboro Spine and Joint Medicine
    - Michael Jurkowich, M.D.
        - PMR/Pain Management Initial Evaluation – 12/31/2019
        - Outpatient Surgery Records
            - Operative Report – 01/14/2020: Lumbar Epidural Steroid Injection
        - PMR/Pain Management Follow-Up Evaluation – 01/29/2020
- Maxim Tyorkin, M.D.
    - Orthopedic Consultation – 01/09/2020
    - Orthopedic Follow-Up – 02/06/2020
- NY Ortho, Sports Medicine & Trauma, P.C.
    - Jeffrey Kaplan, M.D.
        - Doctor's Initial Report – 01/14/2020
        - Doctor's Progress Report – 02/25/2020
        - Telemedicine Encounter – 07/08/2020 – 10/05/2020
    - Matthew Grimm, M.D.
        - Doctor's Initial Report – 02/11/2020
        - Outpatient Surgery Records
            - Operative Report – 03/09/2020: Lumbar Interlaminar Steroid Injection at L3-L4 and L4-L5
            - Operative Report – 06/26/2020: Lumbar Interlaminar Steroid Injection at L3-L4 and L4-L5
            - Operative Report – 06/03/2021: Lumbar Interlaminar Steroid Injection at L3-L4 and L4-L5
        - Telemedicine Encounter – 05/19/2020
        - Doctor's Progress Reports – 06/26/2020 – 09/20/2021
    - Empire Stat
        - Howard Kiernan, M.D.
            - Medical Report – 08/10/2020
    - Andrew Merola, M.D.
        - Initial Evaluation – 08/10/2020
        - Outpatient Surgery Records

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- Operative Report – 12/16/2020: Posterior Instrumentation Decompression and Fusion L3-L5
- Post-Operative Visit – 01/04/2021
- Follow-Up Visits – 01/18/2021 – 10/25/2021

- Stella Mansukhani, M.D.
  - Initial Evaluation – 01/25/2021
  - Follow-Up Evaluations – 03/15/2021 – 11/30/2021
- New York Heights Medical, P.C.
  - Physical Therapy
    - Initial Evaluation – 01/25/2021
    - Therapy Notes – 01/25/2021 – 12/04/2021
- Integrative Neuropsychiatric Services
  - Daniel Kuhn, M.D.
    - BDI Depression Scale – 03/22/2021 – 07/02/2021
    - Conners Continuous Performance Test – 03/31/2021 – 04/19/2021
    - Psychotherapy – 04/16/2021 – 07/21/2021
    - Neurocognitive Testing Report – 04/19/2021
    - Initial Psychiatric Report – 05/31/2021
    - Psychiatric Follow-Up Sessions – 06/11/2021 – 06/25/2021
    - Neuro-biofeedback Training – 06/18/2021
- Gotham City Orthopedics, L.L.C.
  - Sean Lager, M.D.
    - Independent Medical Examination – 06/24/2021
- Joseph Weinstein, D.O.
  - Medical Reports – 10/27/2021 – 09/07/2022

RADIOGRAPHIC REVIEW:

The following reports of radiographic studies pertaining to this claimant were made available for my review.

- NYU Langone Hospital
  - CT Cervical Spine – 07/01/2019: No acute cervical spine fracture or dislocation.
  - X-ray Lumbar Spine – 07/01/2019: Transitional lumbosacral anatomy. Vertebral body height was preserved. There was no listhesis or scoliosis. Vertebral elements were preserved.
- Lenox Hill Radiology
  - MRI Lumbar Spine – 10/19/2019: Mild disc bulge at L2/L3, L3/L4, and L4/L5 with contact with the intrathecal right L4 nerve root at the level of

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L3/L4 and with contact with the exiting right L4 nerve root at the level of L4/L5.

- CT Lumbar Spine – 08/19/2021: Slight right convex lumbar scoliosis. Status post instrumented posterior fusion of L4 through the S1 portion of the sacrum since the previous exam with evidence of bridging posterior element bony fusion at L4-L5 level with a small amount of bone graft material at the L5-S1 level with the right side greater than the left. Mild discogenic degenerative changes and spondylosis. Mild posterior disc bulges at the L4-L5 and L5-S1 levels. New grade 1 retrolisthesis of L3 upon L4 with mild posterior facet hypertrophic changes noted bilaterally and a posterior disc bulge.
- MRI Lumbar Spine – 10/08/2021: Slight convex lumbar scoliosis. Transitional lumbosacral junction with a small S1-S1 disc. Status post discectomies with instrumented posterior stabilization of L4-5 an L5-S1. Mild decreased height of the L3-L4 disc with disc desiccation. Grade 1 retrolisthesis of L3 upon L4 with mild posterior facet hypertrophic changes and a broad-based posterior disc herniation most prominent in a left posterolateral location.
- MRI Lumbar Spine – 08/19/2022: A transitional lumbosacral segment was designated as S1. At L3-L4, there was a broad-based posterior disc herniation, larger to the left of midline, with mild retrolisthesis of L3 on L4, superimposed upon a developmentally small canal and prominent posterior epidural fat resulting in significant stenosis of the thecal sac. Stable postsurgical changes with instrumented posterior fusion at L4-L5 and L5-S1.
- X-ray Lumbar Spine – 08/22/2022: There was a transitional segment at the lumbosacral junction, below five non-rib bearing lumbar segments consistent with a transitional, partly lumbarized S1 segment. Post-surgical changes were noted at L4-L5 and L5-S1 including posterior fusion with bilateral pedicle screw and rod instrumentation hardware, stabilizing the L4-S1 segments. The fusion appeared in anatomic alignment. The hardware appeared intact and there was no definite signs of screw loosening. At L3-L4, there was mild disc space narrowing with mild retrolisthesis of L3 on L4. No significant dynamic lumbar instability was seen on flexion-extension.
- CT Lumbar Spine – 08/24/2022: A transitional lumbosacral segment was designated as S1. At L4-L5 and L5-S1, there were stable post-surgical changes with instrumented posterior fusion, in anatomic alignment, without signs of pseudoarthrosis, with the canal and neural foramina well-decompressed at the surgical levels. At L3-L4, there was a

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broad-based posterior disc herniation larger to the left of midline and retrolisthesis of L3 on L4 superimposed upon a developmental small canal and prominent posterior epidural fat resulting in significant stenosis of the thecal sac.

The following radiographic images were provided to me for my personal review:

- Lenox Hill Radiology
  - MRI lumbar spine 10/19/19: broad based central disc herniation L4-5 with mild lateral recess stenosis and mild foraminal stenosis

DIAGNOSIS:

1. Pre-existing lumbar degeneration
2. Lumbosacral paraspinal sprain
3. s/p L3-L5 laminectomy and fusion, unrelated

DISCUSSION:

Mr. [redacted] claims to have sustained injuries after an accident on July 1, 2019. He claims that he developed low back pain after the accident.

In terms of his lumbosacral spine, Mr. [redacted] has no evidence of an acute trauma of the lumbar spine after the accident. The report of the X-ray of the lumbosacral spine performed on July 1, 2019 describes no acute trauma. The MRI of the lumbar spine performed on October 19, 2019, three months after the accident, shows a broad based central disc herniation at L4-5. This type of broad based herniation is seen in chronic degeneration in which the entire annulus fibrosus degenerates and loses strength and begins to buckle and bulge into the spinal canal. This degeneration is not caused by acute trauma and is seen in early disc degeneration due to aging. Given that Mr. [redacted] only has evidence of chronic degenerative changes of the lumbar spine, the cause of Mr. [redacted] low back pain after the accident is due to a paraspinal sprain. This is due to overstretching of the paraspinal muscles and is treated with physical therapy, chiropractic treatment, injections, and medications, and Mr. [redacted] has received this treatment. Mr. [redacted] underwent a lumbar spine surgery for his pre-existing lumbar degeneration. This surgery is not causally related to the accident.

In summary, it appears that the claimant, Mr. [redacted] sustained a lumbosacral paraspinal sprain after the accident that has since been resolved. Mr. [redacted] can work and perform his normal daily activities without restrictions as it relates to this accident. Mr. [redacted] does not require any further causally related orthopedic treatment to his lumbosacral spine.

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The above opinions are made with a reasonable degree of medical certainty. I reserve my right to adjust my opinions based on future records or information.

Very truly yours,

CHARLA R. FISCHER, M.D.

I, Charla R. Fischer, M.D., being a physician duly licensed to practice medicine in the State of New York, pursuant to CPLR Section 2106, do hereby affirm under the penalty of perjury that the statements contained herein are true and accurate.

Dated: 12/22/23

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